PROJECT CONCERN INTERNATIONAL

Child Survival VII:
Nicaragua Urban Child Survival Project
Managua: Barrio of Acahualinca
September 1, 1991 - August 31, 1994

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MID-TERM EVALUATION
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APPENDICES

LIST OF TERMS

ARI	Acute Respiratory Infection
Brigadista	Volunteer community health worker
Casa Base	Oral rehydration unit
CDD	Control of Diarrhea1 Disease
EPI	Expanded Program of Immunizations
HIS	Health Information System
IEC	Information, Education and Communication
MINSA	Nicaragua's Ministry of Health
MOE	Ministry of Education
Niño-a-Niño	Child-to-child
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
ORU	Oral Rehydration Unit

INTRODUCTION

Project Concern International (PCI) began working in Nicaragua during October of 1991, with USAID funding from a three year Child Survival grant. Over the past 19 months, PC1 has worked in the urban community of Acahualinca to reduce infant mortality and morbidity by increasing mothers' familiarity with simple health messages. PC1 has undertaken training and outreach activities to expand immunization coverage, control diarrhea1 disease, control childhood pneumonia, increase breastfeeding, improve nutrition and enhance the MINSA (Ministry of Health) health post's capability in immunizations, growth monitoring, oral rehydration therapy, health information systems, and community health education.

In order to maximize the number of mothers reached, PC1 has developed a multi-facetted strategy that includes community health volunteers (brigadistas), the local elementary school, and local community groups. This process evaluation looked at all the components of the project and tried to determine if PC1 was increasing local skills, while at the same time reducing children's risk of death and disease. An evaluation team comprised of Dra. Alba Alvarado (an external consultant and team leader), Felix Jimenez (evaluation specialist for Development Associates), Dr. Leone1 Argue110 (PCI/Nicaragua Country Director), and Richard Covington (PCI/HQ Program Officer) undertook the five day mid-term evaluation using a combination of interviews, focus groups, and data analysis.

Interviews were held with Sra. Maria Canales, R.N. (the MINSA health post director), other health post staff members, three PC1 staff members, and seven mothers in their homes. Focus groups were held with school teachers, brigadistas, and other local NGOs. The evaluation team also reviewed PCI's training materials, work plans, health information system (both MINSA and PCI), and planned outputs against the detailed implementation plan (DIP). The results of this evaluation are contained within the following document which tries its best to adhere to the USAID recommended guidelines'.

I. ACCOMPLISHMENTS

Project Concern International (PCI) initiated project activities in Nicaragua in October, 1991, with USAID Child Survival VII funding. The project is located in Acahualinca, an urban barrio of Managua with a population of 7,200, and has been underway for 19 months.

Training Activities

In this CS VII project, PC1 has trained brigadistas, MINSA health post staff, teachers and students, with the objective of reaching more'mothers of young children through new methods and increased exposure to health messages.

'The original draft was written in Spanish using 1992 guidelines. This text includes translated material.

Training of Brigadistas

The brigadistas in Acahualinca are generally young, literate women with little formal training in health. Some brigadistas are mothers though the majority have not been married. Before PC1 began project activities in Acahualinca, eleven brigadistas occasionally volunteered to participate in health activities organized sporadically by community groups and the health post. PC1 trained these original brigadistas, and recruited and trained an additional 19, to bring the complement of active brigadistas to 30, or 100 percent of target. Brigadistas are considered active if they are making house-to-house visits and participate in other community activities, even if they have not attended all the training courses. Each brigadista averaged 536 hours of community service, ranging from house-to-house visits to participation in community hygiene and immunization campaigns.

At the time of the evaluation, PC1 had conducted 14 brigadista training sessions (100 percent of plan) using a modular curriculum. Training modules covered immunizations; prevention and management of diarrhea and cholera; breastfeeding; sexual education; management of respiratory infections; maternal health; nutrition/vitamin A; program planning; hygiene and sanitation; and integrated child services. Each module was presented in a separate session, with some topics requiring multiple sessions. Average attendance was at least 25 brigadistas per session. Each brigadista received at least 92 hours of instruction.

At the brigadistas' request, PC1 conducted three additional training sessions in first aid, human relationships-communications, and substance abuse.

The training process was felt to be practical for the fieldwork of the brigadistas. It systematized their work, with the result that the brigadista role has evolved from that of a "temporary" to a "permanent" community health worker. Brigadistas reported increased self-confidence and improved interpersonal communication skills as a result of their training and participation in PCI's program.

Training for MINSA Health Post Personnel

The Miguel Aguilar Health Post serves the entire community. At the time of this evaluation, the health post was expecting to move into a newer facility in the summer of 1993. There are no alternative private health services available within the barrio. Staff turnover at the health post is reported to be high. There have been three different directors in the past 19 months. The normal staff consist of a registered nurse, one auxiliary nurse, a receptionist and a pharmacist. PC1 has trained all health post staff in the child survival interventions, during six sessions (100 percent of plan). Two sessions focussed on EPI, one each was held on management of respiratory infections; nutrition/vitamin A; integrated child services; and family planning and sterilization techniques. Each staff member received at least 26 hours of training.

An unplanned training session on prevention and management of cholera was held at the request of the health post staff. The staff reported to the evaluation team that PC1 is the only organization that offers them regular training, and they believe it has improved the quality of care they are able to provide.

Integrated child services is a strategy PC1 implements that enables health post staff to talk with mothers of newborns and young infants at group meetings held monthly. At these meetings, new mothers are provided with information on and support for breastfeeding, immunizations, and early stimulation of newborns. At the same time, health post staff enroll infants into the growth monitoring program.

Training of Teachers

PC1 trained teachers to provide health education to their students. In addition, teachers in Acahualinca are often an informal source of information to parents. PC1 has trained 23 teachers in eight, three-hour sessions (100 percent of plan). Training topics covered hygiene and student health; effective teaching methods for health topics; respiratory infections; diarrhea and cholera; environmental health; and personal hygiene and its relation to disease. Each teacher received at least 24 hours of training.

Teachers reported that for the first time they are being provided with written information on health. They have adopted the interactive teaching methods presented by PC1 and report improved classroom participation. For the first time the school functioned as a vaccination site during immunization campaigns and teachers reported more interest in the sanitary conditions of the community.

The Niiio-a-Nifio Program

The baseline survey revealed that many infants are cared for by their elder siblings while their mothers work. With technical assistance from the Center of Health Information, Services and Advice (CISAS), PC1 has implemented a child-to-child program of peer education to disseminate child survival information to older children.

PC1 staff conducted eight modular training sessions (100 percent of plan) for 23 fourth, fifth and sixth graders (ages 12-18), to enable them to educate their peers. Following an orientation session, training topics covered common illnesses in Acahualinca, cholera, parasites, diarrhea, tuberculosis, respiratory infections, and a puppet show about respiratory disease, which the children produce themselves. At the request of the student health promoters, PC1 also conducted an unplanned session on family violence. These activities have involved over 72 hours of training for each child.

The student health promoters trained by the Niiio-a-Nifio program have disseminated health messages to 1,100 students in the Modesto Bejarano Primary School. Regular time is allotted in each classroom following a Nirio-a-Nina training session, so the student health promoters can immediately practice what they learned.

In addition, the students have presented their program to MINSA personnel, the brigadistas, and in a special performance for a medical conference in Managua. They have performed the puppet theater and role-playing skits for patients at the health post and made two presentations of their program in the community.

The teachers report that they can see a number of changes in the attitudes and health practices of the children: washed hands, improved personal hygiene, and cleanliness of the school. The

teachers have adapted the program to incorporate their schedules and interests which should improve its sustainability. It is the only successful program of its kind in the 70 schools of eastern Managua.

Beneficiaries Reached by Child Survival Interventions

PC1 completed a census in 1991, that estimated the population in the barrio at 7,184 (well below the government projection of 11,660). Of these, 274 were infants under 12 months, 265 were children ages 12 - 23 months, and 760 were children from two to five years old. There were 1,527 women of childbearing age (15 to 44 years).

EPI

The baseline survey, performed in March, 1992, revealed that 59 percent of children under 24 months had complete vaccination schedules. MINSA goals are 100 percent coverage for infants under one year old and 80 percent for children under five. The immunization objective for this project is complete coverage for 75 percent of children ages 12 - 23 months.

In 1992, the brigadistas participated in three national vaccine campaigns and mini-campaigns held in two Acahualinca neighborhoods. The HIS used during the campaigns only tracked the number of vaccine doses administered by type. The information regarding children's ages and full series completion were not kept. The evaluation team recommended that PC1 keep this information if possible.

PC1 purchased a refrigerator for the health post, which has enabled health post staff to keep a supply of vaccinations on-hand. There is a back-up cooler to maintain vaccines when electricity is lost for more than five hours. Staff are now able to vaccinate at every opportunity and upon demand. The following table details the immunizations given during PCI's program. It does not measure coverage rates.

The Proportion and Number of Infants Vaccinated Between January 92 and April 93

	O-l 1 months	12-23 months
BCG*	N/A	N/A
DPT 3	28% (77)	40% (106)
Polio 3	47% (128)	1% (8)
Measles	105% (289)	43% (113)

Source: MINSA Health Post Data

* BCG is administered at the hospitals after birth. It is not given at the health post.

Tetanus Toxoid information was not kept at the health post prior to 1993. Between January and April, 1993, the health post report 162 women of child bearing age (11%) having received a second dose of TT.

CDD

In early 1992, PC1 reactivated or reinforced 10 ***Cases Bases,*** or community oral rehydration units (ORUs), where children are administered oral rehydration solution, ORS packets are distributed, and mothers are taught the basics of oral rehydration therapy including how to prepare ORS. Concurrently, the brigadistas have promoted the use of oral rehydration therapy in the community. In the past 19 months, a total of 471 children under five (25 per month) have received ORS for diarrhea at Oral Rehydration Units (ORUs). The health post reported 175 visits for oral rehydration for children of all ages. PC1 uses 40 as an estimate of the number of cases of diarrhea for under fives each month. This would allow us to estimate that 63% of the cases of diarrhea are treated with ORS by a trained health worker at an ORU. The health post staff stated that ORT is now the preferred protocol at the health post for children with diarrhea, and that this practice was not standard before PCI's project.

With the outbreak of cholera in Managua, the project staff took advantage of the attention focussed on the illness to promote the benefits of oral rehydration for all diarrhea1 disease, and to mobilize the residents of Acahualinca in community-wide sanitation and hygiene campaigns. The participants interviewed presented little evidence of the disease in Acahualinca. According to participants interviewed, Acahualinca appears to have been spared a major outbreak of cholera.

Nutrition and Growth Monitoring

The MINSA health post's growth monitoring program reported 524 visits of infants under one and an additional 160 visits for follow-up services for malnourished infants. There were 637 visits for children ages one to five, with 118 visits for follow-up services. Based upon the health post's data (enclosed as appendix five) fewer children are enrolled in the growth monitoring program in 1992 than in 1991, coinciding with the cessation of an incentive program which provided food and vitamin supplements to mothers. However, the proportion of children identified by the post as malnourished has dropped.

PC1 has promoted the consumption and preparation of vitamin A foods with training sessions for health post staff, brigadistas, and mothers. There are no funds available to purchase vitamin A capsules. PC1 has requested vitamin A donations from UNICEF and Auxilio Mundial; neither could provide a donation. Previously, food was donated by a Evangelical church in a neighboring barrio. Today the food is not available, and children with severe malnutrition are referred to the Velez Paiz Hospital.

The brigadistas have received training to refer malnourished children to the health post. PC1 and the health post staff confirmed that this has only occurred sporadically, and the HIS does not monitor the number of referrals. Now that the health post does not have food to distribute, the brigadistas are not referring many children. The health post refers malnourished children to local hospitals.

Maternal Health

The DIP specifies that PC1 does not act directly in the care of pregnant women or mothers, except for the promotion of prenatal care and tetanus toxoid vaccinations. Maternal health activities undertaken by the brigadistas have focussed on enrollment and referral of pregnant

women into MINSA's maternal health program (prenatal care), and promotion of tetanus toxoid vaccinations. The health post reported 162 women of childbearing age having received a second dose of Tetanus Toxoid since January, 1993.

Health post records show a decline (from 588 in 1991, to 408 in 1992) in the number of visits for prenatal care, and a slight increase (from 166 to 178) in the number of visits for family planning services. The evaluation team attributed the decline to the cessation of the incentive program. The delivery of food as an incentive has not been financially possible to sustain. The use of alternative incentives should be examined.

Pneumonia Control

PC1 has recently begun training in the management of respiratory infections for brigadistas, health post staff, teachers and the Nirio-a-Niiio students. It is the most recently introduced intervention, and is not yet incorporated into the health information system. The project will focus on the referral of children and proper follow-up by health post personnel and/or brigadistas.

IL RELEVANCE TO CHILD SURVIVAL PROBLEMS

During the first six months of 1990, according to MINSA's Department of Epidemiological Surveillance reports, 15 deaths occurred in Region III of the country (Managua), of which 12 occurred in Acahualinca (80 percent of deaths registered in the Region). 50 percent of the deaths were children under 12 months of age. The principal causes of infant mortality recorded were dehydration due to diarrhea and measles.

During 1991-1993, the project has attempted to collect information on infant mortality in several ways including a review of the health post's registers, death certificates, and the brigadistas' information. Maria Canales R.N., director of the health post, reported that she was only aware of adult deaths in Acahualinca during the past year.

PCI's project emphasizes immunizations and diarrhea1 disease control, and undertakes health promotion activities using a multi-sectoral approach (training of community health workers and health post staff, teachers, and students, and collaboration with other community agencies). PC1 staff believe this approach maximizes available community resources and localizes responsibility for the interventions within the community.

All the health promotion activities in the community are carried out by the brigadistas, teachers, students, and health post personnel. The following are examples of key activities carried out by the project:

- PC1 utilizes house-to-house and media promotion of the importance of immunizations and the participation of the trained brigadistas in the national immunization campaigns and local mini-campaigns.

- PC1 supported the MINSA's national immunization campaigns through staff participation and the use of PC1 vehicles to transport MINSA staff, brigadistas and vaccines.

- Promotion of the use of oral rehydration solution, immunizations, breastfeeding and proper nutrition during the mothers' group meetings.

- Development and implementation of the Niiio-a-Niiio strategy to spread knowledge regarding hygiene and child survival to caretakers.

- Development of the hygiene campaigns.

PCI's staff maintain that the project activities carried out have been appropriate and in accordance with the original plan with regard to time, coordination with other organizations, and the free time available to groups selected for the training and replication of activities. The evaluation team confirmed that the project did not have the time and material resources to carry out additional activities.

Nevertheless, the evaluation team believes that having only one health educator is potentially limiting. The project would see accelerated result with the participation of another educator in the community, particularly if s/he could focus on HIS needs. S/he should also expand the training activities to directly reach more mothers. The project needs additional financial and material resources in order to increase the development of child survival and health promotion activities. If additional resources are not available, the project may need to reconsider any plans to expand maternal health activities.

The orientation and prioritization of the interventions has been based upon the health situation of the barrio, the project's objectives, and the MINSA activities including immunization campaigns and the fight against cholera. Focus groups confirmed that the prioritization of the project interventions has occurred in direct response, and in a flexible manner, to the current health care needs of the community. It is important to note that all the activities carried out through the Child Survival project do not interfere in the schedules or activities of the community participants (teachers, health post staff, brigadistas, students,and mothers). This sensitivity should contribute to the project's sustainability.

IIL EFFECTIVENESS

When compared against the DIP, PC1 has achieved all of its first year targeted outputs and more than half of its second year targeted outputs. In the final evaluation, a second population based survey will measure impact.

The evaluation team considers that sufficient progress has been made in meeting the stated objectives and targets. The project has been 'favorably evaluated by the beneficiaries, who have observed tangible results such as the training of the brigadistas, teachers, students and health post staff.

Complete immunization coverage for infants appears to have increased. The growth monitoring program is active. Health post staff noted a decrease in diarrhea1 disease, which previously generated one quarter of the health post's clients. They also reported a small number of recorded cholera cases in this population -- compared to a much higher incidence rate in neighboring barrios. All these indicators point to successful education efforts.

The participation of the community in the health interventions, particularly the child survival interventions, indicated that one step toward project sustainability has been taken. The level of student participation in the promotion of family health encourages students to become brigadistas in the future. A former Niño-a-Niño participant has even entered the brigadista program.

The identified high risk groups are pregnant women and children under two years of age. Through interviews and focus groups, the evaluation team verified that the project has employed three effective strategies to reach mothers: 1) house-to-house visits by the brigadistas, 2) the mothers of newborns group, and 3) the Nifio-a-Niiio program. Niño-a-Niño proved to be especially effective at disseminating health education messages about sanitation, immunizations, cholera, and personal hygiene to various age groups. Niño-a-Niño has helped messages reach the targeted groups (eg. parents) directly. One teacher mentioned that a father had approached him and stated, "You are doing a good job teaching my children. Yesterday my son scolded me after using the latrine because I did not wash my hands."

The teachers expressed their interest in implementing another strategy to strengthen the educational messages targeting the care-givers. The teachers suggested that educational activities directed towards the parents be developed through adult courses. PCI/Nicaragua agreed that it was an idea worth pursuing in developing future project plans.

Iv. RELEVANCE TO DEVELOPMENT

Acahualinca is a suburban barrio where extreme poverty, poor hygiene and unhealthy conditions are painfully evident. Unemployment levels are reported to be among the highest in the city of Managua. The income for most families does not cover even the basic basket of food (subsistence levels). Many homes lack latrines and potable water. Sewage and garbage from the rest of Managua surround the community. Large families, illiteracy, poor eating habits, and the lack of basic necessities, make Acahualinca one of Managua's unhealthiest communities.

In order to reach more families, PC1 has strengthened the brigadista movement in the community, as well as the mothers of newborns group. They have also increased coordination between the brigadistas, health post staff, teachers, students and NGOs. PC1 has informed families about MINSA health services and encouraged them to use the health post. The Nina-a-Niiio program also reaches families not otherwise involved in local health activities.

These activities directly assist women to address family health issues. Education venues include house-to-house visits by brigadistas, and monthly health education sessions provided for the mothers of newborns group. Messages include subjects such as breastfeeding promotion and training, including information on weaning and the incorporation of adequate feeding practices; talks directed to the parents in order to facilitate the early development of children; proper nutrition for breastfeeding women; and the promotion of immunizations.

PC1 has worked to increase the basic health knowledge of family members in order to address and treat illnesses in a timely manner. As one example of family participation, the team noted diarrhea, where the use of ORT has increasingly been advocated at the health post, ORUs, mothers' groups and by brigadistas. PC1 has encouraged the active participation of families in all the information, education and health promotion activities, such as vaccination, training, and

chlorination. This should lead to a decrease in the incidence of many diseases (such as the reduction reported for diarrhea).

V. DESIGN AND IMPLEMENTATION

5.1 Design

The project is working with the same community proposed. The only change is based upon PCI's census which listed the beneficiary population as 7,184 -- as compared to the government figure of 11,660. A map is included which details the geographic limits of the project.

The evaluation team reviewed the project's annual work plan which broke down each objective into specific tasks. The project's expansion followed a logical sequence with the identification and organization of community groups being followed by training, service delivery, monitoring and evaluation. This process of gradual expansion is especially apparent in the CDD and EPI programs, where PC1 followed their original strategy and has worked closely with the community to deliver the services appropriate for the urban context. The development of rational and realistic objectives was based upon the financial and human resources invested into the project, as well as the results of the baseline survey. Any recommended modifications are discussed in section VIII - Recommendations.

For each objective, PCI/Nicaragua has established targets and indicators that can be seen in the DIP and the annual project work plans. PC1 project management maintains enough flexibility to modify strategies as needed during the life of the project. In the development of the project, PC1 staff analyzed the role that teachers played in the community and their potential to be health message replicators. Though not in the original proposal, PC1 modified their strategy to include the training of elementary school teachers. This has proven to be very beneficial in the development of the Niiio-a-Nifio program. PC1 also modified some training programs to better address the needs of the community. For example, the AR1 component was postponed due to the violent onslaught of the cholera epidemic.

5.2 Management and Use of Data

At the beginning of the project, PC1 performed a knowledge and practices baseline survey following the Johns Hopkins CS baseline survey procedures. This information allowed for the development of the DIP, the annual work plan and specific interventions. The mid-term evaluation will help the staff to identify where the process may be slow or ineffective. A final survey will follow Johns Hopkins protocol similar to the baseline and will measure the health status of the community in August, 1994. Each training session uses pre and post-tests to measure the assimilation of information presented by PCI's health educator. These tests are the primary evaluation mechanisms between the formal baseline, mid-term and final evaluations.

The baseline data have proven to be very useful. The community feedback obtained from the baseline helped PC1 develop specific project interventions such as the mothers of newborns group, and realistic outputs like the number of brigadistas trained which was reduced from 60 in the proposal to 30 in the DIP. At the same time, the results served as a guide for the

development of a training and health education curriculum to work with the brigadistas, mothers, MINSA staff, teachers, and students. They also helped plan the community hygiene program which addresses a felt need of the residents of Acahualinca. The baseline survey will serve as a point of reference for the final evaluation.

The indicators established by the project are appropriate for the objectives and accurately reflect the work plan developed by PC1 staff, however, PCI's health information system (HIS) is based on the MINSA health information system. The result is that the current HIS is not tracking all the indicators developed by PCI. PC1 is collecting useful but insufficient information on EPI, CDD, ARI, nutrition and prenatal care. The low level of information collection prior to the project required the development of simple forms and graphs for the collection of information. Please refer to sample charts in appendix five. These formats were developed by PCI's staff and explained to the health post staff, who now provide monthly information to PC1 and the regional health center.

Before the start of PCI's project there was practically no balance between quantitative and qualitative data gathering. The only statistics available covered the health post's services, and they were sent to the regional health center (La Morazan) to be consolidated. The health post staff in Acahualinca were never consulted for the analysis of the results, and little feedback took place. Subsequently, the health post staff were not aware of the health data for their own community. After 19 months, PC1 has localized the analysis of MINSA data at the health post in order to provide immediate feedback and the opportunity to use data in planning and target setting. The next step is for PC1 to refine indicators and tracking methods to reflect children as well as service units.

Today, the health information is collected by the health post and is processed and analyzed with PCI's assistance before being sent to the regional health center. The results are discussed with community leaders, brigadistas, mothers, and other interested NGOs. These are forums to receive suggestions and opinions. Little qualitative data is being kept by the health post.

There have been some limitations regarding the actual use of the information system by the brigadistas. Some are not reporting regularly. PC1 has developed a journal and simple formats, but they have not proven to be effective. PC1 is working with the brigadistas to develop incentives to compile information on their activities and incorporate it into the MINSA health information. To date this has proven to be very challenging with information being reported sporadically and some information being lost.

PCI's staff have worked extensively with the local health post personnel to train and motivate them in the use of the health information system developed by the MINSA The local health post personnel discussed some deficiencies in the management of the information, specifically in processing and analyzing of the information, since this was never part of their MINSA training, nor required of them previously.

According to participants, the knowledge shared through formal and informal opportunities has improved local participation in selecting training topics, coordinating mini-campaigns for vaccinations, and supporting community-wide hygiene campaigns. A second benefit has been the increased local awareness of health issues. This was mentioned by teachers, and the director of

the local health post in separate interviews. These are key steps in the process of community ownership of project activities.

53 Community Education and Social Promotion

Health Services

There is very little service provision by PC1 in this project. All services are appropriately provided by the health post or the oral rehydration units. There has been close coordination between the different health actors and the community. Specific examples include hygiene and vaccination campaigns, house-to-house visits, and the referral of children at risk of dehydration. The health post is the principal referral site promoted by the health program's participants.

Sra. Canales, the health post director, noted that there has been an increase in the demand for health services, specifically in the areas of CDD, prenatal care, immunizations, infant illness and medical consultations. She mentioned that additional services are required by the community, including: potable water, sanitation drainage, and food. These are not provided by PCI's project. She felt that despite the increase in demand, the health post staff still possess the capacity to satisfy increased requirements. She also felt that the post could initiate more activity to increase the effectiveness of services. She recommended that health promotion campaigns be more regular and systematized.

She felt that the post could do more in the way of direct promotion and education activities to continue the increase in demand for maternal and child health services. This process, however, would require an improvement in the infrastructure and equipment in the health post to allow for increased care and quality of care required by the increase in users. The new facility may allow for this.

Health Promotion Materials

The project has carried out a number of IEC (Information, Education and Communication) activities directed at the community including: puppet theaters, flip-charts, pamphlets, folders, and the use of a loudspeaker on a car. IEC materials are incorporated into training sessions and are used during house-to-house visits to repeat and reinforce health messages. The project distributes pamphlets, signs and folders, all of which are designed and developed very simply by the project staff utilizing the project's computer and photocopier. PC1 has also reproduced and distributed materials developed by the MINSA All these materials use similar messages to promote community health. Based upon the evaluation team's observations, the education given by the project personnel is representative of the child survival health risks encountered in Acahualinca.

All the interviewed groups agreed that the materials were simple, useful, and of value. The materials used for house-to-house visits and the messages directed at the mothers were cited as examples of valuable materials. The brigadistas, teachers, and health personnel all felt better prepared to perform quality health education in the community. The brigadistas, in particular, felt that they learned a great deal about community health from the printed materials.

PCI's personnel stated that before the development of the messages, they held meetings with community groups to discuss the issues and brainstorm about solutions. The messages were then modified by PC1 staff and incorporated in the health program. Before the messages were finalized, each was submitted to a validation process with the community groups. They analyzed the clarity, consistency and simplicity of the messages and discussed their possible impact.

PC1 and MINSA staff confirmed that they have seen the documents and educational materials put to use by the brigadistas, teachers, students, and health post staff. The brigadistas and teachers in the focus groups confirmed this. They also confirmed that the messages have been submitted to a validation process. PCI's staff acknowledged that the small financial budget of the project did not allow for all printed materials to be pre-tested. However, all the messaees have been pre-tested, and the concept of each material was verified by the teachers, brigadistas, and health workers. During field visits carried out by the project staff, they confirmed that the brigadistas, teachers, students and health post personnel had incorporated messages into their work plans.

PC1 personnel verified that they regularly assess the effectiveness of training sessions through pre and post-tests. Trainees also perform role plays where PC1 staff can examine the concepts, practices and knowledge obtained in previous courses. Other groups mentioned an improvement in health post staff morale and attitude, more children washing their hands, and more attention being placed upon the community's care and quality of life.

5.4 Human Resources for Child Survival

PCI has 4 staff members: 2 technicians (the director and health educator) and 2 administrative staff members (accountant and driver) for the project's execution. An organizational chart is included as appendix two.

PCI/Nicaragua Staff
Dr. Leone1 Arguello, M.D. MPH -- ***Country Director***
Lit. Armidia Rocha, RN -- ***Health Educator***
Lit. Leonardo Reyes ***--Accountant***
Sr. Victor Perez -- ***Driver***

The evaluation team believes that PCI's staff are highly qualified and adequately perform their functions, however, their individual activities are multiple and varied to the point where it could become a future problem. The evaluators observed the necessity to incorporate into the project additional personnel (HIS specialists, promoters, nutritionists, hygienists) that could reinforce and systematize much of the educational process and expand the activities of the project's technical staff.

The health post staff, the brigadistas, and the teachers are all considered counterparts. The MINSA and MED (Ministry of Education - teachers) agreed that not only PCI, but both the MINSA and MED will act as counterparts in referrals, the development of activities with PCI, and community relations. Interviews demonstrated that PCI's work with NGO counterparts in the barrio is based on cooperative relationships with mutual support for activities. For example, PC1 makes materials available to other groups and PC1 includes other groups in training sessions.

PCI's staff have supported volunteer brigadistas, teachers, school children, and mothers' groups. This movement of 78 volunteers is organized according to the counterpart roles in the project. This has led to effective communication and coordination in health training and promotion. The brigadistas felt that the training and project management performed by PC1 has helped to motivate them and make them feel integrated into the project. Now they do not feel like "temporary brigadistas".

Each volunteer group has specific responsibilities. Brigadistas work in individual geographic sectors to perform their child survival activities. Students work in the school and in the family. Teachers work with the students and support the vaccination campaigns.

All the volunteers felt that their workload was reasonable. Many mentioned that the manner in which their training and job responsibilities were organized allowed them to perform the tasks requested of them. The brigadistas expressed that their job distribution within the child survival project was adequately planned through consensus decision making, taking into account the time they have available and other such parameters. The health post staff mentioned that the time allowed for training always included opportunities to ask questions (in order to clarify ideas), receive in-depth answers (to solidify concepts), and use audio visual tools (to motivate learning).

Each group received a one day introduction to the project. Subsequently, each group has received multiple hours of training. The hours are not measured by initial and in-service training because the training program is a continuous process and never really "ends". For many of the participants, they are receiving "in-service" training, but it is their first child survival training experience.

Hours of Training for Participants

Brigadistas:	92 hours per brigadista.
Health post:	26 hours per employee.
Teachers:	24 hours per teacher.
Students:	72 hours per student.

5.5 Supplies and Materials for Local Staff

For each training topic, PC1 distributes folders, brochures and flip charts along with appropriate literature on nutrition, school hygiene, environmental health, and themes of child survival. According to the teachers and health post personnel, some of the materials distributed in the workshops (chalk, posterboard, pencils, and paper) have been useful in the replication of the activities.

The materials viewed by the evaluation team appeared used. The health post staff use posterboard, posters and folders to orient the mothers who attend the health post. According to interviews, these materials assist the pregnant women, mothers and health post staff. According to health post staff, the materials distributed are both simple and easy to understand.

Overall there is a shortage of health promotion materials. Only the educational materials given out by the project staff (such as posterboard, pencils, chalk, etc.) are available. Due to financial

constraints, the brigadistas do not have formal kits nor other incentives that would provide for community and self-recognition (e.g. T-shirts, caps or small backpacks).

5.6 Quality

The health post personnel felt well trained with broad knowledge in child survival, especially in health promotion, immunization orientation, ARI, CDD, breastfeeding, nutrition, hygiene, dengue fever prevention, malaria, and cholera. The teachers expressed to the evaluation team that they had acquired basic skills in relation to health themes, especially school hygiene. The teachers estimate that they have the technical knowledge necessary to perform the child survival activities in the teacher/student context. However, they felt that they did have limitations and required administrative assistance. The brigadistas reported learning a great deal regarding child survival, however, they need a way to develop self-confidence and reinforce the importance of their role in the community.

Based upon the mothers' inteniews, and PCI's work plans, the evaluation team felt that the local project workers (brigadistas, MINSA) had adequate contact with the mothers. Pregnant women were not interviewed. The health post staff reach mothers through the growth monitoring and immunization programs, as well as the newborns group where they reinforce the messages of the project including: breastfeeding, immunizations, child nutrition and development. The brigadistas visit households with similar messages about the use of oral rehydration salts, promotion of vaccinations, chlorination of water, etc. Nevertheless, they still face challenges, particularly with regards to security, ways of expressing the educational messages, and the continuity of their activities. Security for brigadistas is an issue because many of the young women must travel at night to their neighbor's homes. PCI is working with brigadistas to develop work schedules that minimize risks, but maintain regular contact with mothers.

5.7 Supervision and Monitoring

PC1 staff make weekly visits to the health post to review activities including the productivity of the growth monitoring program and the cases seen in the ORU. The health post tracks the referrals sent by the brigadistas to the health post programs (growth monitoring, prenatal care, ORT, immunizations). They also monitor the enrollment in the mothers of newborns group. PC1 works with the personnel of the health post to supervise the brigadistas' field activities. For the brigadistas, the supervision has occurred principally through meetings and in conversations held during training sessions directed at the improved development of brigadista activities.

For the MINSA personnel, the field based supervision has been both technical and administrative. The health post staff consider that the changes observed, such as the increase in the demand for services and the integration and management of the child survival activities in the community, demonstrate that the supervisors have conducted their work and subsequently have increased the quality of services. According to the health post staff, all PC1 visits incorporate elements of education and administration. One visit a month was considered to contain elements of evaluation, counselling, or technical assistance.

PC1 needs to improve the data collection system. They need to monitor indicators not used by the **MINSA** such as complete and correct immunization coverage. PC1 should also improve the use of the data forms for the information system at the health post.

5.8 Use of Central Funding

PCI/Headquarters' efforts have focussed on the needs of field personnel. PCI/HQ documentation requirements have allowed for technical support and feedback about the project. They have focussed on the appropriate monitoring of work plans and principal tasks. PCI/HQ's regular communications provide the project with effective consultation and supervision.

The small size of this project still requires the burdensome amount of reporting and evaluation that larger CS projects require. There have been insufficient funds available for technical support for the project particularly in the HIS components. However, the support from Johns Hopkins, made available without cost, has been invaluable. Dr. Argue110 participated in the baseline survey training provided to PCI's CSVII project in Guatemala. The training was conducted by Dr. Marcello Castrillo from the Child Survival Support Program, which allowed PC1 to make effective use of his assistance for two projects.

5.9 PVO Use of Technical Support

According to PCI, the technical support given to date, while limited, has been worthwhile, straight-forward and adequate. There will be a need for technical support in the next six months, especially with regard to software for HIS management, nutrition, technical education, etc. Software will allow for improved monitoring, more direct assistance, improved training techniques and improved project results.

In every case, the technical assistance provided has improved the achievement of the project's objectives. This is true for the PCI/HQ assistance with program problems, as well as the training for the baseline survey. PCI/Nicaragua staff highly valued their attendance at the Third International Child Survival Conference, sponsored by USAID and the CSSP in Bolivia, where they discussed ARI, communication, sustainability, the review of KAP surveys, and the exchange of experiences. All the information presented will be explored for incorporation into the project.

PC1 staff said that the project could be improved by more explanatory manuals. Manuals would incorporate central level interests with information for the field staff. Another improvement would be direct training or more transmission of experiences in other countries, which would permit the anticipation of possible errors.

5.10 Assessment of Counterpart Relationships

There are three existing counterpart organizations for the project -- the Ministry of Health **(MINSA)** (as represented by the local health post), the Ministry of Education (represented by the Modesto Bejarano Primary School) and the community (represented by the brigadistas, health commission, and the monthly mothers of newborns group). The project maintains a close working

relationship with all these organizations. All the activities of the project are performed in mutual collaboration, where the PVO provides the material and human resources required for the training sessions and the counterparts provide volunteer work and outreach. The activities could not be carried out without the contribution of time from all the different groups of volunteers.

PC1 believes that the counterparts have the technical capacity and aptitude necessary to address the CS activities. PC1 is developing mechanisms to pass on to the counterparts a training methodology which will include the lessons learned from PCI's experience. Nevertheless, PC1 feels there are external factors that could limit the advance and threaten the continuation of the CS activities, for example, the high rotation of health post personnel.

5.11 Referral Relationships

The project is reinforcing the services provided by the oral rehydration units and the health post. Three referral levels exist.

1. Referrals for the primary level of attention

Brigadistas refer children with severe diarrhea to the oral rehydration units or the health post. When appropriate, the oral rehydration units refer to the Miguel Aguilar Health Post in Acahualinca. The referral of the patients to superior care levels has occurred when the patients need specific attention which the health post does not provide. Patients are referred to La Morazan Health Center by the health post. The La Morazan Health Center -- responsible for multiple communities similar to Acahualinca -- is located in the urban zone next to Acahualinca. Some limitations were mentioned, most were in relation to communications.

2. Referrals for the secondary level of attention

Hospital Fernando Veléz Paiz and Hospital Lenin Fonseca are only accessible by public transportation. The patients referred to these hospitals by health centers require secondary attention. The quality of the services reflect the general limitations of the country's health care system. Hospital Berta Calderón and Hospital Infantil La Mascota are alternative referral sites. These are hospitals for national referrals. They are less accessible geographically than those mentioned above.

The relationships between the health posts, La Morazan Health Center, and other secondary care units, have been established through the administration lines of the MINSA using their system of referral and counter-referral. This is characterized by little continuity and feedback. The project has not established a direct relationship with the secondary referral centers.

3. Institutional referrals

PRO-FAMILIA participates and supports the activities of maternal health at the health post and, in particular, with regard to family planning (surgical sterilization) and specialized medical attention. They provide contraceptives and counselling to mothers. With PRO-FAMILIA, a more direct and efficient referral system exists which responds to the activities and the relationships established by the project.

5.12 PVO/NGO Networking

There are 4 other NGOs working in Acahualinca:

- Asociacidn Cristiana de Jóvenes: ACJ

  The scope of work is directed at preventive health care (training), ecology, social research, recreation, culture, youth leadership, and family.

- Centro de Información, Servicios y Asesoria en Salud: CISAS

  The scope of work is directed at assistance in participative health education methodologies.

- Fundación Nicaragtiense para la Conservación y el Desarrollo: FUNCOD

  The scope of work is directed at different environmental projects.

- PRO-FAMILIA.

  A private institution with activities in the field of family planning.

The evaluation team interviewed representatives of the first three organizations. They expressed good and effective communications with PCI/Nicaragua, which improved their efforts, prevented the duplication of work, and complemented their projects. These NGOs have been able to bring together different scopes of work (youth, consulting, the environment) by sharing common interests with other organizations. In the case of PCI/Nicaragua the common interest was health training.

A positive aspect mentioned was the coordination between different groups in relation to the Niño-a-Niño program. For example, PC1 has worked with CISAS to develop its training program. They provided PC1 with participative education methodologies for the Niño-a-Niño program.

It is important to note that, despite the diversity of organizations working in the community, there have not been conflicts nor organizational problems, particularly with the work of the brigadistas and the community leaders. This is due in part to the cohesive attitude of PCI/Nicaragua which promotes NGO unity.

5.13 Budget Management

Budget control is located at PCI/HQ, which disburses funds for this project in response to monthly requests from the field offices. PCI/Nicaragua reports expenditures by cost center on a monthly basis using PCI/HQ required documentation. PCI/HQ then issues monthly income and expense statements which are copied to the field offices. PC1 conducts a full audit on an annual basis. In 1992, Coopers and Lybrand, Inc., found PC1 in full compliance with USAID's A-133 requirements and issued an unqualified opinion.

A review of the pipeline figures to date reveals that the project has spent $188,468 of the total agreement budget of $246,830. Of the total spent to date, A.I.D.'s portion is $352,283. At this rate, PC1 will likely expend the remaining funds by the end of the project. The costs to the PVO were much higher than anticipated because the project's budget was developed by PC1 and approved by USAID with the idea that a counterpart NGO (CEPS) would share costs. 15 days prior to the project's implementation, PC1 was notified that it would not be able to work with CEPS as its local counterpart. After discussions with the USAID Mission, PC1 could not find a suitable replacement NGO and was forced to initiate the project as an autonomous organization. PCI's costs thereby increased. PC1 has secured additional funding from the Conservation, Food and Health Foundation and has applied for co-financing funds from the USAID Mission to help support other maternal and child health activities.

The evaluation team observed that the budget is administratively flexible while still assuring the proper management of the project. The project is being carried out responsibly, combining the needs of the community with the fiscal limits of the budget. With the remaining funds, the project can be active. Indispensable activities such as the final evaluation, may receive less than optimal funding due to fiscal restrictions. The financial limitations are expected to continue and the policies of austerity will be applied until the end of the project. This may limit the accomplishment of the objectives.

VL SUSTAINABILITY

Other than salaries, the only incentives mentioned that motivate PC1 staff, volunteers, and project counterparts are the "fruits of their labor". This includes personal satisfaction, increased prestige, or other non-monetary rewards. The cohesiveness of the group and their committed participation is based on their ongoing belief in, and commitment to, the health education activities. Everyone involved in the project demonstrated that they feel valued and encouraged by PCI/Nicaragua.

PCI's staff count on a high level of commitment and service from the community volunteers and health post staff. Despite the commitment of those involved, it may be difficult to sustain the project over the long term. Costs of training materials have increased and the materials must be resupplied periodically. An ongoing training program, one of the key incentives for sustainability, would definitely be affected by decreased funding.

The conversations and meetings held with the brigadistas, teachers, health post workers and local NGOs revealed that, above all, they have noticed a decrease in diarrhea, an increase in immunizations and increased coordination among everyone involved in the community health activities. The mothers who were interviewed attested to the importance of the work of the brigadistas, and the messages delivered during their house-to-house visits.

The brigadistas stated that the project has empowered them to address the needs of their barrio and resolve health issues. The brigadistas also said that by empowering themselves, they are empowering the community as a whole.

The teachers reflected that the training process helped the teachers as much as the students. Through the project, the teachers have gained an awareness of both sanitation issues and student

health issues. The work developed through the project has been an important factor in linking the school with the community.

The health post staff reported an improved relationship with the community. The staff reported an increased number of patients at the health post (especially young children who come into the post in less serious condition than previously), the control of several diseases such as cholera (which they expected to see a higher incidence of in the barrio) and a decrease in diarrhoeal disease. In addition, Sra. Maria Canales, R.N., director of the health post, cited the project's success in increasing the community's use of the health post.

The health post staff expressed to the evaluation team that the project has reached and surpassed the Child Survival interventions planned by MINSA This achievement can be attributed to the training process and the selection of health education topics that were of direct interest to the community. The MINSA is only considering continuing Child Survival interventions such as growth monitoring. They are not disposed to continue Niño-A-Niño or other activities.

VII. RECURRENTCO~ANDCOSTRECOVERY MECHANISMS

The amount needed to cover the recurrent costs was estimated in the first annual report to be $8,050/yr.

Brigadistas

Supplements	$ 6OOtyr.
Brigadista kits	$1,800
Education materials	$1,800
In-service training	$1,000/yr.
Supervision	$1,200/yr.

Niño-a-Niño Program

Supplements (paper, chalk, etc.)	$ 500/yr.
Educational materials	$1,000
Training	$ 800/yr.
Supervision (for teachers)	$1,200/yr.

Due to the poor economic conditions of the barrio, the only contribution that the community is able to make is in volunteer time. The community is not able to generate funds to support the project, as even the volunteer time represents an economic cost. Therefore, it is impressive the amount of time brigadistas and others have put into this project.

The government is also not in a position to contribute more to the community programs and activities. At the end of this project, all the training activities, especially the purchase of

materials, will be entirely without funding. The teacher's time and MINSA health post costs are the only expenses the Government of Nicaragua covers.

PCI's strategy to sustain activities beyond 1994, includes the sharing of material and transportation costs with other NGOs, the use of durable IEC materials, and minimizing recurrent administrative costs. The project does not have any cost-recovery mechanisms implemented. A rotating pharmaceutical fund is planned for the second half of the project. It is very expensive to operate in Nicaragua, particularly in the urban centers. The above average benefits delivered to date justify the above average (U.S. $12) cost per beneficiary.

VIII. RECOMMENDATIONS

1. PC1 should improve its health information system with the following activities:

- Continue the training of the health post personnel in management, data collection, data processing and analysis for the MINSA information system.
- Discuss and analyze the health information cards used by the brigadistas and community leaders. Identify what is limiting them from filling out the cards completely and assist them in strengthening the project's information collection system.
- Consolidate and strengthen PCI's parallel information system by using a technical advisor to make the monitoring and evaluation process of the project simpler and easier to use.
- Check immunization data that lists coverage above 100 percent. Explore drop-out rates. Track the number of children fully immunized.

2. In order to reach the growth monitoring objective, PC1 should:

- Continue to train social actors, with a major emphasis on brigadistas.
- Train the brigadistas to refer growth monitoring defaulters.
- Implement mechanisms or activities that create incentives for growth monitoring services. (eg. food aid, vitamins, etc.)

3. PC1 should implement mechanisms and/or strategies to improve the coordination between the Miguel Aguilar Health Post and La Morazan Health Center (to which the Miguel Aguilar reports).

4. PC1 should create mechanisms that balance the material and non-material incentives of the community volunteers (such as public recognition, diplomas, tickets to recreation centers and, for the most outstanding volunteers, T-shirts and hats that identify the brigadistas).

5. PC1 should strengthen the project personnel with human resources in HIS management and nutrition. This should include hiring additional staff as well as the training of existing staff.

6. PC1 should work to expand enrollment in the mothers of newborns support group to reach mothers directly. PC1 might establish groups in each neighborhood, or have groups continue meetings beyond the first two months of a child's life.

7. PC1 should expand the Niño-a-Niño program given the program's success and low cost. The program could be expanded to other primary schools in nearby barrios, into a health education program for parents, etc. PC1 needs to ensure that the lessons learned in the Niño-a-Niño program are shared with other institutions, organizations and/or countries that implement Child Survival projects through the following means: develop and reproduce a Child Health Promoters Training Manual, participate in seminars, international training sessions, etc.

8. PCI/HQ should secure reliable technical assistance to project personnel in HIS, nutrition, and other areas of need identified by project personnel. Unfortunately the budget does not include resources for this support.

9. PC1 should promote and share the Child Survival project activities beyond the barrio of Acahualinca; write articles for newspapers, give interviews through local media.

10. PC1 should apply for an extension of Child Survival funding to support continued training and focus on the sustainability of project activities. In view of the achievements and the community's continued need, PCI's staff consider it necessary to extend the length of the project in order to assure that the messages are fully incorporated and replicated. The evaluation team recommends that PC1 apply for an extension of child survival funding to continue activities. The evaluation team agrees that additional time would help the targeted groups to incorporate the health messages and interventions into their daily lives. Future activities should reinforce and sustain present achievements.

IX. SUMMARY

PCI's mid-term evaluation was undertaken from May 4, to May 8, 1993. A schedule of the evaluation is enclosed in appendix four. The four-member evaluation team developed specific questions for each of the participant groups (health post staff, brigadistas, mothers, NGOs, PC1 staff, teachers). These questions were asked through interviews and focus group discussions with each of the groups. In the case of PC1 staff, they were asked the specific questions prior to May 3, by the external evaluator.

The evaluation team attended focus groups and interviews. AI1 team members kept notes which they consolidated at the end of each day. The original evaluation document answered each of USAID's questions separately in Spanish. This document was later translated and summarized in this report. The total cost of the evaluation, excluding PCI's staff time, was estimated at $4,000.

Overall, the evaluation team was surprised by the progress of PCI's project given the limited resources available. The project appeared to be well planned and executed, with many of the constraints due to factors beyond PCI's control (eg. the lack of food for rehabilitation of malnourished children). The methodology used for the evaluation could have been improved with the incorporation of small surveys and additional focus groups with fathers and students. The final evaluation should include these groups.

There are several aspects of PCI's project that are unique. The coordination and community mobilization achieved is significant and is directly attributed to PCI's community-based approach that incorporates existing institutions and refrains from creating parallel structures. The Niño-a-Niño program is an excellent example of innovative ways to expand community awareness. These types of efforts should be documented and examined for future replication in Nicaragua. The evaluation team agrees that the high level of community participation and increasing "ownership" in the project make this a potentially sustainable endeavor that can be used as a model for future health activities in urban Nicaragua.

APPENDIX 1

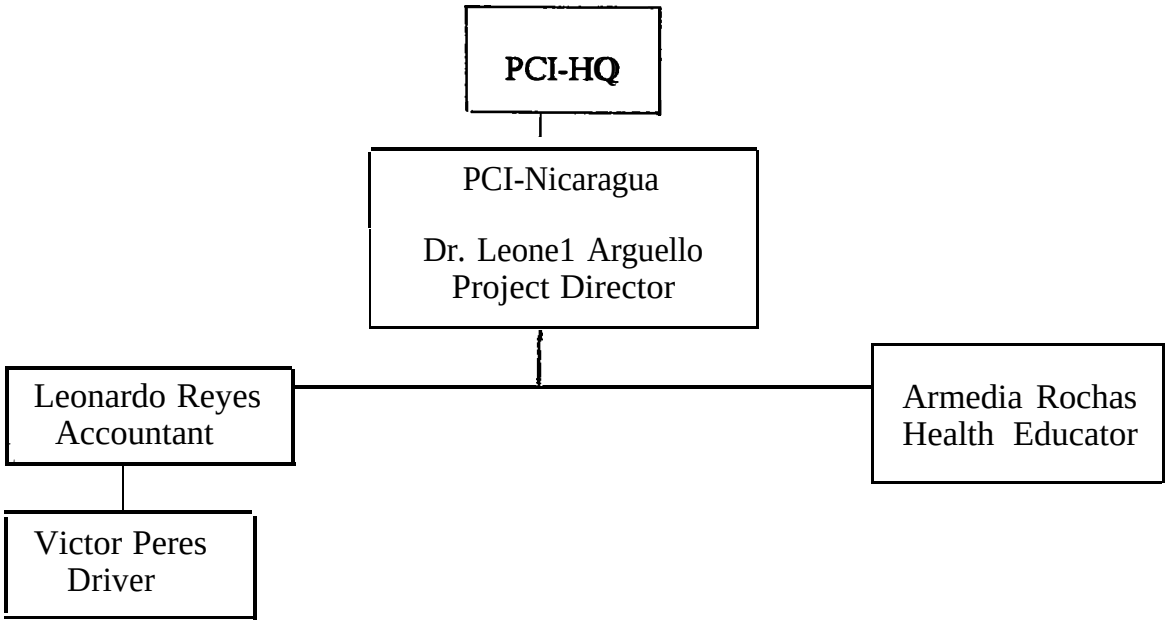
CSVII NICARAGUA -- FIELD PIPELINE 9/1/91 TO 8/31/93 - - FILENAME: CSVII123/NICYR2.TOT

FIELD	ACTUAL EXPENDITURES TO DATE (9/1/91 TO 8/31/93)			TOTAL AGREEMENT BUDGET (09/01/91 TO 08/31/94)			REMAINING OBLIGATED FUNDS (09/01/93 TO 08/31/94)		
I. PROCUREMENT	RID	PVO	TOTAL	AID	PVO	TOTAL	AID	PVO	TOTAL
A. SUPPLIES	9299	1476	10775	5500	7500	13000	-3799	6024	2225
B. EQUIPMENT	7871	24852	32723	0	32625	32625	-7871	7773	-95
C. SERVICES/CONSULTANTS									
1. LOCAL	2738	174	2912	5400	1500	6900	2662	1326	3988
2. EXPATRIATE	0	0	0	0	0	0	0	0	0
SUBTOTAL I	19908	26502	46410	10900	41625	52525	-9008	15123	b115
II. EVALUATION/SUBTOTAL II	2065	2213	4278	14758	0	14758	12693	-2213	10480
III. IND COSTS/SUBTOTAL III	32215	7394	39609	39282	14710	53992	70b7	7316	14383
IV. OTHER PROGRAM COSTS									
A. -- PERSONNEL									
1. TECHNICAL	39170	199	39369	57200	0	57200	18030	-199	17831
2. ADMINISTRATIVE	32071	0	32071	29800	0	29800	-2271	0	-2271
B. TRAVEL									
1. IN-COUNTRY	8473	360	8833	13020	3105	16125	4547	2745	7292
2. INTERNATIONAL	2776	0	2776	6320	0	6320	3544	0	3544
C. OTHER DIRECT COSTS	13915	1207	15122	8310	7800	16110	-5605	6593	988
SUBTOTAL IV	96405	1766	98171	114650	10905	125555	18245	9139	27384
TOTAL FIELD --	150593	-37875	188468	179590	67240	246830	28997	29365	58362

APPENDIX 2

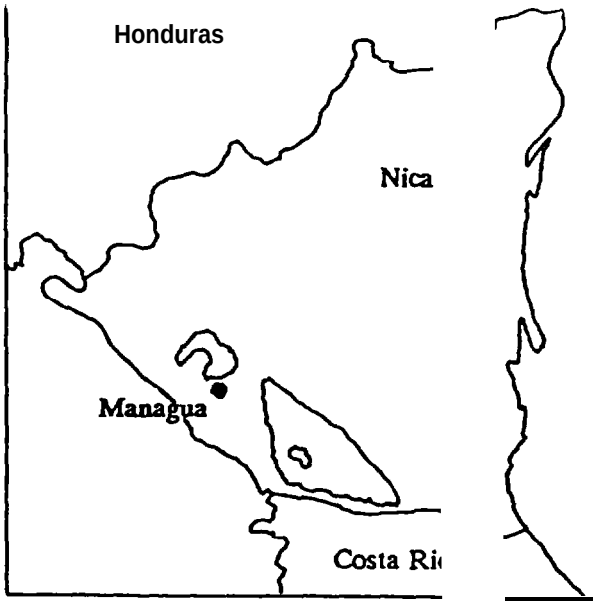
PCI-Nicaragua

Organizational Chart



APPENDIX 3

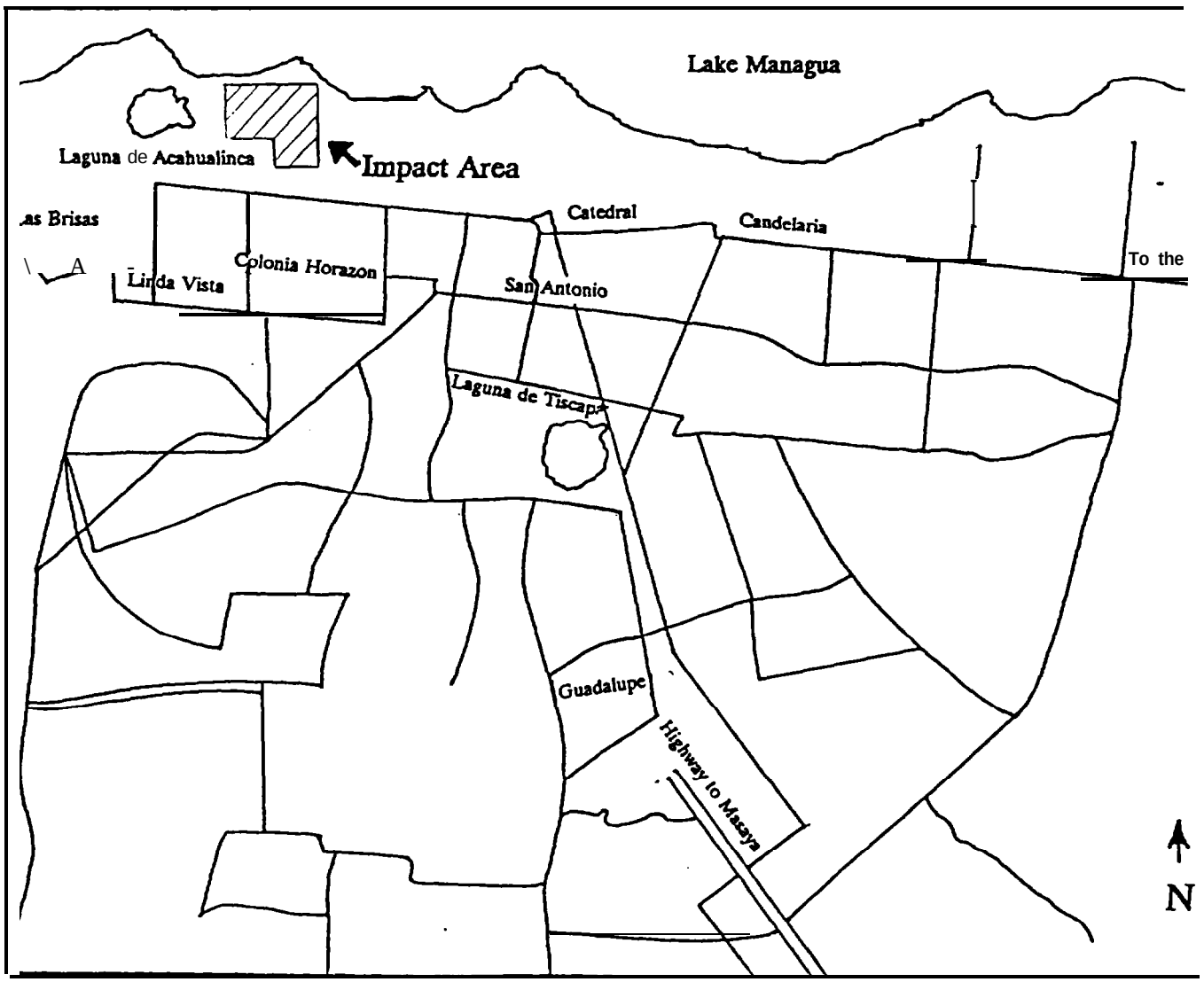
Nicaragua



Location of Hanagua

Urban Managua

Location of Impact Area within Managua



APPENDIX 4

MID-TERM EVALUATION CSVII Bo. ACAHUALINCA, MANAGUA.
SCHEDULE OF ACTIVITIES
NICARAGUA

May, 3	*Evaluator team arrival
May, 4	*Presentation and discussion of agenda in PCI-Nicaragua's office: L-Confirmation of meeting with the persons that will be enterview 2-Individual assignments 3-Definition of the structure of the evaluation report +Meeting with PCI-Nicaragua's Staff in Edificio El Carmen, Managua: l-Presentation of the proposal 2-Development of the proposal 3-Priorities for the first year 4-Main positive aspects and limitations observed by local staff. S-Review of PC1 educational materials. 6-Review of financial situation.
May, 5	+Enterview with the MOH Director from the M. Aguilar Health Center: L-Organization of the enterview (main topics). 2-Enterview 3-Report *Evaluation meeting with the Director and teachers of the Primary School Modesto Bejarano in Barrio Acahualinca. l-Organization of the enterview (main topics). 2-Enterview 3-Report

	*Enterview with local NGO's in their offices in Managua: 1-Dos Generaciones 2-Asociaciòn Cristiana de Jòvenes 3-FUNCOD 4-PROFAHILIA S-CISAS +t¶others enterview in Acahualinca Barrio: l-Selection of questions 2-Random selection of mothers 3-Enterview in the places were the brigadistas use to work. +Evaluation with the brigadistas in the Acahualinca Barrio: l-Selection of topics to discuss 2-Meeting with the Brigadistas 3-Evaluation
May, 7	+Presentation of results in El Ediflcio El Carmen, Managua city: l-Presentation of the preliminary report of each evaluator 2-Summary of each component 3-Discussion of results and recommendations 4-First Draft
May, 8	+Elaboration of final report in PCI-Nicaragua's office: l-Review of particular reports 2-Global structure of the report 3-Draft of the Final report 4-Elaboration of the final report